

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/593461 9.19.06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		2			
4	2		2			
5	2		2			
6	2		2			
7	1		1			
8	1		2			
9	1		2			
10	2		2			
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TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS		21				

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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